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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	661005.90268
	First Named Inventor	Michael C. Barney
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	Herewith
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTIMICROBIAL DIAPERS AND WET WIPES

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit, under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
N/A		

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DECLARATION

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I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
N/A			

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
OR
☒ List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
Thomas W. Ehrmann	20,374	David G. Ryser	36,407
Herbert W. Mylius	24,578	Bennett J. Berson	37,094
Barry E. Sammons	25,608	Michael A. Jaskolski	37,551
Nicholas J. Seay	27,386	Richard T. Roche	38,599
George E. Haas	27,642	John T. Pienkos	42,997
Michael J. McGovern	28,326	Daniel G. Radler	43,028
Carl R. Schwartz	29,437	Gregory M. Smith	43,136
Keith M. Baxter	31,233	Steven J. Wietrzny	44,402
John D. Franzini	31,356	David M. Kettner	45,589
Jean C. Baker	35,433	Adam J. Forman	46,707

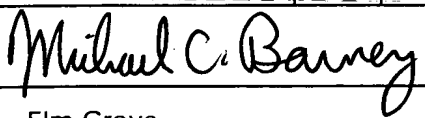
☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to ☐ Customer Number or label **OR** ☒ Fill in correspondence

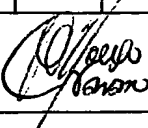
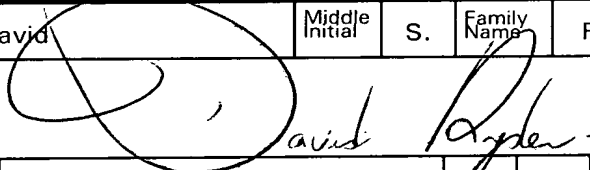
Name David G. Ryser
Address Quarles & Brady LLP
Address 411 East Wisconsin Avenue, Suite 2040
City Milwaukee State WI Zip 53202-4497
Country USA Telephone 414) 277-5717 Fax (414) 271-3552

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name Michael Middle Initial C. Family Name Barney Suffix e.g. Jr.
Inventor's  Date 10/10/2000
Residence: Elm Grove State WI Country USA Citizenship USA
Post Office 15155 Westover Road
Post Office
City Elm Grove State WI Zip 53092 Country USA Applicant Authority
☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor				
Given Name	Alfonso				Middle Initial	n.m.i.		Family Name	Navarro		Suffix			
Inventor's Signature											Date	10/10/00		
Residence:	Milwaukee				State	WI		Country	USA		Citizenship	Spain		
Post Office	1129 North Jackson Street, #1413-C													
Post Office														
City	Milwaukee				State	WI		Zip	53202		Country	USA	Applicant Authority	
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor				
Given Name	David				Middle Initial	S.		Family Name	Ryder		Suffix e.g. Jr.			
Inventor's Signature											Date	10-10-00		
Residence:	Mequon				State	WI		Country	USA		Citizenship	United Kingdom		
Post Office	10727 North Gazebo Hills Parkway													
Post Office														
City	Mequon				State	WI		Zip	53092		Country	USA	Applicant Authority	
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor				
Given Name					Middle Initial			Family Name			Suffix e.g. Jr.			
Inventor's Signature											Date			
Residence:					State			Country			Citizenship			
Post Office														
Post Office														
City					State			Zip			Country		Applicant Authority	
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor				
Given Name					Middle Initial			Family Name			Suffix e.g. Jr.			
Inventor's Signature											Date			
Residence:					State			Country			Citizenship			
Post Office														
Post Office														
City					State			Zip			Country		Applicant Authority	